

# CLAIMS ONLY

Application Number

10518478

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend	*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1													
2							51						
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47							96						
48							97						
49							98						
50							99						
Total Indep							100						
Total Depend							Total Indep						
Total Claims							Total Depend						
							Total Claims						